

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Jack Drake

Political Party (if applicable)

Republican

Office Sought

State Representative

District (if Senate or House)

House 57

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

727

Logged to

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Shirley J. Drake
 SIGNATURE OF PERSON FILING REPORT

712-778-2538
 TELEPHONE

10-26-10
 DATE SIGNED

I AM FILING A October 26-2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 8,893.74

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

1,850.00

Schedule F: Loans Received total (Attach Schedule F)

—

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

—

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 10,743.74

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4,932.50

Schedule F: Loan Repayments total (Attach Schedule F)

—

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 5,811.24

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

6.19

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

—

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

—

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

None

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-15-10	ID# CK#	ICA 3055 Ironwood Ct. Ames, IA. 50014		\$ 100.00	<input type="checkbox"/>
10-16-10	ID# 9768 CK# 2581	Ametistat P.O. Box 363 Council Bluffs, IA. 51502		250.00	<input type="checkbox"/>
10-16-10	ID# 6070 CK# 4064	Iowa Law PAC 625 E. Court Ave Des Moines, IA. 50309		200.00	<input type="checkbox"/>
10-18-10	ID# CK# 12014	BNSF Rail P.O. Box 961039 Fort Worth, TX. 76161		250.00	<input type="checkbox"/>
10-18-10	ID# CK# 6101	Dupont Good Government 1007 Market St. Wilmington, DE 19898		250.00	<input type="checkbox"/>
10-20-10	ID# CK#	Jason Christensen 1775 - 210th St. Audubon, IA. 50025		100.00	<input type="checkbox"/>
10-20-10	ID# CK#	Paul & Tori Jorgenson P.O. Box 125 Fenton, IA. 50539		50.00	<input type="checkbox"/>
10-20-10	ID# CK#	Steven Cummings 23468 Northfield Rd. Mediapolis, IA. 52637		150.00	<input type="checkbox"/>
10-20-10	ID# CK#	John & Char Brehnenman 1557 Latch Ave. Washington, IA. 52353		25.00	<input type="checkbox"/>
10-20-10	ID# CK#	Jerome V. Hetoe 2504 Quince Ave. Washington, IA. 52353		25.00	<input type="checkbox"/>
SUB-TOTAL				\$1400.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-20-10	ID# CK#	Dave Eichelberger P.O. Box 8 - 208 West Depot Wayland, IA. 52654		\$ 50.00	<input type="checkbox"/>
10-21-10	ID# 9805 CK# 1051	Educational Opportunities P.O. Box 12039 Des Moines, IA. 50312		100.00	<input type="checkbox"/>
10-25-10	ID# 9743 CK# 176	Iowa Turkey Federation P.O. Box 825 Ames, IA. 50010		300.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				450.00	
TOTAL (if last page of this schedule)				51850.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES☐ CHECK THIS BOX IF
AMENDING FORM**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-18-10	ID# CK# 1352	Atlantic News Telegraph 410 Walnut St. Atlantic, IA. 50022	Five Campaign ads	\$ 325.00
10-20-10	ID# CK# 1353	Republican Party House Majority Fund 621-E 9 th St. Des Moines, IA. 50309	Contribution	4,500.00
10-24-10	ID# CK# 1354	Our Lady of Grace Church P.O. Box 605 Griswold, IA. 51535	Campaign meal	20.00
10-24-10	ID# CK# 1355	Kirkman Community Center 106 State Kirkman, IA. 51447	Campaign meal	20.00
10-26-10	ID# CK# 1356	Jack Drake 504 Adair St. Griswold, IA. 51535	Campaign miles @.45	67.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$4932.50
TOTAL (If last page of this schedule)				\$4932.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

5

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-18-10	N F I B 1201 F Street N.W. STE 200 Washington, D.C. 20004		an endorsement in member Voter Guides	6.19	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

6.19

TOTAL (if last

\$

page of this
schedule)

6.19

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Page 1 of 1
(for Schedule E)